

Candidate Intention Statement

Type or Print in Ink.

CANDIDATE INTENTION STATEMENT

CALIFORNIA FORM 501

For Official Use Only

Check One: ☒ Initial ☐ Amendment (Explain) _____

Date Stamp

1. Candidate Information:

NAME OF CANDIDATE (Last, First, Middle Initial)

Roberta Grande Reynolds

DAYTIME TELEPHONE NUMBER

(818) 558--7854

FAX NUMBER (optional)

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E-MAIL (optional)

rlg.reynolds@gmail.com

STREET ADDRESS

538 Eton Dr.

CITY

Burbank

STATE

CA

ZIP CODE

91504

OFFICE SOUGHT (POSITION TITLE)

Board Member

AGENCY NAME

Burbank Unified School District

DISTRICT NUMBER, if applicable.

☒ NON-PARTISAN

PARTY:

OFFICE JURISDICTION

☐ State (Complete Part 2.)

☒ City

☐ County

☐ Multi-County:

(Name of Multi-County Jurisdiction)

2015

(Year of Election)

2. State Candidate Expenditure Limit Statement:

(CalPERS and CalSTRS candidates, judges, judicial candidates, and candidates for local offices do not complete Part 2.)

2015
(Year of Election)

Primary/general election

(Year of Election)

Special/runoff election

(Check one box)

☒ I accept the voluntary expenditure ceiling for the election stated above.

☐ I do not accept the voluntary expenditure ceiling for the election stated above.

Amendment:

☐ I did not exceed the expenditure ceiling in the primary or special election held on: ____/____/____ and I accept the voluntary expenditure ceiling for the general or special run-off election.

(Mark if applicable)

☐ On ____/____/____, I contributed personal funds in excess of the expenditure ceiling for the election stated above.

3. Verification:

I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Executed on

10/23/2014
(month, day, year)

Signature: _____